

**Application Form for Local Transfer of Students of KVs**

1. KV from which local transfer is sought \_\_\_\_\_
2. Particulars of student(s) [to be verified by the KV where the student is studying on the date of application.]

S. No.	Name of the student(s)	Priority category of parent as per KVS admission guidelines	Class in which student is presently studying	Average enrolment of the class	Date of first admission in KV with class		Address at the time of first admission in the KV	Signature of Class Teacher
					Date	Class		

3. Particulars of Parent of student

Name of the Parent	Designation	Office address where the parent is employed/posted	Residential address of the parent (proof of residence to be attached)

4. KV where local transfer is sought \_\_\_\_\_

5. Ground for seeking Local transfer:

(a) Allotment of Government Accommodation

or

Shifting to own house to/by the parent

b) Medical Urgency/serious illness of the student/parent.

c) Sibling of the student is studying in the KV where admission is sought

Date of first admission of sibling in the KV where local transfer is sought\_\_\_\_\_.

Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Place: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

**Recommendation by KV Principal from where transfer is sought**

I certify that the reasons cited for local transfer from KV\_\_\_\_\_ to KV\_\_\_\_\_ are genuine & I have personally verified the veracity of the documents from the original document. The certified documents are attached with the local transfer request form submitted by the Parent. I undertake to state that the case of local transfer is genuine under Part A, Rule 7 (B) of KVS Admission Guidelines 2025-26.

\_\_\_\_\_  
Seal & signature of Principal with date

**To be filled by the Screening Committee at Regional Level.**

The following members of the Screening Committee verified the documents in accordance with the reason(s) stated by the parent local transfer. The case has merit/no merit for consideration & approval of the competent authority.

The screening committee recommends/does not recommend the approval of local transfer of the students from KV \_\_\_\_\_ KV \_\_\_\_\_

Name of the of members of Screening Committee	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Decision taken by the competent authority on the basis of recommendation by the Screening Committee and provisions listed in Admission Guidelines -2025-26.**

**Approved/Not Approved**

Deputy Commissioner

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